

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Jan E. Schnitzer

Application No.: 10/056,230

Group: 1642

Filed: January 24, 2002

Examiner: L.B. Goddard

Confirmation No: 6912

For: TARGETING ENDOTHELIUM FOR TISSUE-SPECIFIC DELIVERY  
OF AGENTS

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	7	MINUS	* 20	0
INDEP	2	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 26	\$ 0
X	\$110	\$ 0
+	\$195	\$ 0
TOTAL =		\$ 0

OR

OTHER THAN  
SMALL ENTITY

	RATE	ADDIT. FEE
X	\$52	\$ 0
X	\$220	\$ 0
+	\$390	\$ 0
TOTAL =		\$ 0

\* not fewer than 20  
 \*\* not fewer than 3

The Application Size Fee has been calculated as shown below:

*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY

Rate	Total Amount Owed
X \$135	\$[ ]

OTHER THAN  
SMALL ENTITY

Rate	Total Amount Owed
X \$270	\$[ ]

Payment Sufficient for up to
[ ] Sheets

### Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	_____
	Request for Continued Examination	\$ 405
	_____	\$ _____
	TOTAL:	\$ 405

**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ _____

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By /Elizabeth W. Mata, Reg. No. 38,236/  
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Dated: September 3, 2009